120.00

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known nt to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/868.209 RANSMITTAL Filing Date June 14, 2001 For FY 2005 Dick et al. First Named Inventor John Shew **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2664 (\$) 120.00TOTAL AMOUNT OF PAYMENT Attorney Docket No. I-2-0130.1US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): 09-0435 Deposit Account Name:_InterDigital Communications Corporation Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity **Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 200 150 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 600 250 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims 180 **Total Claims** Fee Paid (\$) **Multiple Dependent Claims Extra Claims** Fee (\$) = 0.00Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 0.00 Fee Paid (\$) **Extra Claims** Fee (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee Paid (\$) - 100 = (round up to a whole number) x Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)

| SUBMITTED BY | 1 11 /1 10 10 | | |
|------------------|-----------------------|--|------------------------|
| Signature | Willey May 1 Martin | Registration No. 42,584 (Attorney/Agent) | Telephone 215-568-6400 |
| Name (Print/Type |) Jettrey M. Glabicki | · · · · · · · · · · · · · · · · · · · | Date October 21, 2005 |

Other: One (1) Month Extension of Time

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|--|--------------------------------------|--|---------------------------|-------------------------------------|---------------------------------|--|--|
| FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | | Docket Number (Optional) | | | |
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | I-2-0130.1US | I-2-0130.1US | | |
| Application Number 09/868,209 | | | | Filed June 14, 2001 | Filed June 14, 2001 | | |
| For RAN | DOM ACCESS CHANNE | L PREAMBLE DETE | CTION. | | | | |
| Art Unit 2664 | | | | Examiner John Shew | | | |
| This is a re | equest under the provision | ns of 37 CFR 1.136(a |) to extend the per | iod for filing a reply in the | above identified | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | | |
| | | | <u>Fee</u> | Small Entity Fee | | | |
| \geq | One month (37 CFR 1 | .17(a)(1)) | \$120 | \$60 | <u>\$_120.00</u> | | |
| | Two months (37 CFR | 1.17(a)(2)) | \$450 | \$225 | \$ | | |
| | Three months (37 CF) | R 1.17(a)(3)) | \$1020 | \$510 | \$ | | |
| | Four months (37 CFR | 1.17(a)(4)) | \$1590 | \$795 | \$ | | |
| | Five months (37 CFR | 1.17(a)(5)) | \$2160 | \$1080 | \$ | | |
| Applicant claims small entity status. See 37 CFR 1.27. 10/25/2005 MBIZUNES 00000036 090435 09868209 | | | | | | | |
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| Payn | nent by credit card. For | m PTO-2038 is atta | ached. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 09-0435 I have enclosed a duplicate copy of this sheet. | | | | | | | |
| | IING: Information on this for | | | mation should not be inclu | ided on this form. | | |
| 11011 | | | | | | | |
| I am the | applicant/inve | ntor. | ; ; | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | | | |
| attorney or agent of record. Registration Number 42,584 | | | | | | | |
| Λ | | ent under 37 CFR number if acting under 3 | | | | | |
| / W | IIIM IIII: IVIIIIII U | A Comment of the Comm | | October 21, 20 | 05 | | |
| Signature | | | | | Date | | |
| Jeffrey M. Glabicki | | | | 215-568-6400 | 215-568-6400 | | |
| Typed or printed name | | | | Telepho | Telephone Number | | |
| | itures of all the inventors or assig | nees of record of the entire | interest or their represe | entative(s) are required. Submit r | multiple forms if more than one | | |
| $\dot{}$ | al of | forms are s | ubmitted. | | | | |

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